

Clinical Decision Support (CDS) Content and Health Level 7 (HL7)-Compliant Knowledge Artifacts (KNARTs)

Endocrinology: Hypoglycemia Clinical Content White Paper

Department of Veterans Affairs (VA)



**Knowledge Based Systems (KBS)
Office of Informatics and Information Governance (OIIG)
Clinical Decision Support (CDS)**

Clinical Decision Support (CDS) Content and Health Level 7 (HL7)-Compliant Knowledge Artifacts (KNARTs): Endocrinology: Hypoglycemia Clinical Content White Paper

by Department of Veterans Affairs (VA), , , and

Publication date May 2018

Copyright © March, 2018 B3 Group, Inc.

Copyright © 2018 Cognitive Medical Systems, Inc.

Contract: VA118-16-D-1008, Task Order (TO): VA-118-16-F-1008-0007

Table 1. Relevant KNART Information: Endocrinology: Hypoglycemia KNARTs

Hypoglycemia KNART	Associated CLIN
Hypoglycemia - Event Condition Action (ECA) Rule	CLIN0003AA
Hypoglycemia - Order Set	CLIN0004AB
Hypoglycemia - Documentation Template	CLIN0005AB

B3 Group, Inc.

NOTICE OF GOVERNMENT COPYRIGHT LICENSE AND UNLIMITED RIGHTS LICENSE

Licensed under the Apache License, Version 2.0 (the "License"); you may not use this file except in compliance with the License.

You may obtain a copy of the License at <http://www.apache.org/licenses/LICENSE-2.0>

Unless required by applicable law or agreed to in writing, software distributed under the License is distributed on an "AS IS" BASIS, WITHOUT WARRANTIES OR CONDITIONS OF ANY KIND, either express or implied. See the License for the specific language governing permissions and limitations under the License.

Portions of this content are derivative works from content produced by Cognitive Medical Systems, Inc. licensed under the Apache License, Version 2.0.

Additional portions of this content are derivative works from content contributed by Motive Medical Intelligence Inc., under Creative Commons Attribution-ShareAlike 4.0.

Contributions from 2013-2018 were performed either by US Government employees, or under US Veterans Health Administration contracts.

US Veterans Health Administration contributions by government employees are work of the U.S. Government and are not subject to copyright protection in the United States. Portions contributed by government employees are USGovWork (17USC §105). Not subject to copyright.

See: <https://www.usa.gov/government-works>

Contribution by contractors to the US Veterans Health Administration during this period are contractually contributed under the Apache License, Version 2.0 and US Government sponsorship is acknowledged under Contract VA118-16-D-1008, Task Order VA11817F10080007.

Cognitive Medical Systems, Inc.

Licensed under the Apache License, Version 2.0 (the "License"); you may not use this file except in compliance with the License.

You may obtain a copy of the License at <http://www.apache.org/licenses/LICENSE-2.0>

Unless required by applicable law or agreed to in writing, software distributed under the License is distributed on an "AS IS" BASIS, WITHOUT WARRANTIES OR CONDITIONS OF ANY KIND, either express or implied. See the License for the specific language governing permissions and limitations under the License.

This and related content produced by Cognitive Medical Systems, Inc. licensed under the Apache License, Version 2.0 is available at: <https://bitbucket.org/cogmedsys/hl7-kas-examples>

Additional portions of this content are derivative works from content contributed by Motive Medical Intelligence Inc., under Creative Commons Attribution-ShareAlike 4.0. <https://bitbucket.org/cogmedsys/kas-source-material>

Contributions from 2013-2018 were performed either by US Government employees, or under US Veterans Health Administration contracts.

US Veterans Health Administration contributions by government employees are work of the U.S. Government and are not subject to copyright protection in the United States. Portions contributed by government employees are USGovWork (17USC §105). Not subject to copyright. See: <https://www.usa.gov/government-works>

Contribution by contractors to the US Veterans Health Administration during this period are contractually contributed under the Apache License, Version 2.0 and US Government sponsorship is acknowledged under Contract VA118-16-D-1008-0007.

Table of Contents

VA Subject Matter Expert (SME) Panel	vii
Introduction	viii
Conventions Used	ix
1. Endocrinology: Hypoglycemia	1
Clinical Context	1
Knowledge Artifacts	1
2. Event Condition Action (ECA) Rule: Hypoglycemia	2
Knowledge Narrative	2
Global Conditions	2
Face to Face Encounter for Symptomatic Hypoglycemia	2
Patient Reported Hypoglycemic Episode	4
Asymptomatic but at Risk for Hypoglycemia	5
3. Documentation Template: Hypoglycemia	7
Knowledge Narrative	7
History of Present Illness	7
Past Medical History	10
Medications	11
Lifestyle	11
Patient Preferences	12
Plan	12
4. Order Set: Hypoglycemia	13
Knowledge Narrative	13
Medications	13
Supplies	14
Laboratory Tests	15
Point of Care Tests	15
Consults and Referrals	16
Patient and Caregiver Education	17
Bibliography/Evidence	18
A. Existing Sample VA Artifacts	19
Hypoglycemia Screen Clinical Reminder	19
Resources	19
Clinical Reminder Overview	19
Health Factors	19
Clinical Reminder Versus Hypoglycemia Safety Initiative (HSI) Corporate Data Warehouse (CDW) Reports	19
Known Differences Between the Hypoglycemia Screen Clinical Reminder and Hypoglycemia Safety Initiative (HSI) Corporate Data Warehouse (CDW) Reports	20
Reminder Inquiry: Hypoglycemia Screen	20
Reminder Inquiry: DM A1c Goal Not Entered/Reviewed	24
Clinical Reminder(s) for Evidence Based, Patient-Centered, Shared Glycemic Goals [Veterans Integrated Service Network (VISN) 12]	27
B. Basic Laboratory Panel Definition	32
C. Logic Diagrams	33
D. Acronyms	35

List of Figures

A.1. Reminder Resolution: Diabetic- Annual A1c Needed	27
A.2. Reminder Resolution: Diabetic- A1c Goal Needed	28
A.3. Test Ordering	29
A.4. Reminder Resolution: Diabetic- A1c Not in Range	30
A.5. Final Reminder	31
C.1. ECA Rule: Symptomatic Hypoglycemia	33
C.2. ECA Rule: System Run/Asymptomatic Hypoglycemia	34

List of Tables

1. Relevant KNART Information: Endocrinology: Hypoglycemia KNARTs	ii
1.1. Clinical Context Domains	1

VA Subject Matter Expert (SME) Panel

Name	Title	Project I
Leonard Pogach, MD	National Director Medicine VA Central Office (VACO), 810 Vermont Ave. NW, Room 662 Washington, DC 20420	SME, Pri
Paul Conlin, MD	Endocrinologist/Chief of Medicine Boston VA Medical Center (VAMC) Chair of the Field Advisory Committee for Diabetes/Endocrinology 1400 Veterans of Foreign Wars (VFW) Parkway Boston, MA 02132	SME, Se

Introduction

The VA is committed to improving the ability of clinicians to provide care for patients while increasing quality, safety, and efficiency. Recognizing the importance of standardizing clinical knowledge in support of this goal, VA is implementing the Health Level 7 (HL7) Knowledge Artifact Specification for a wide range of VA clinical use cases. Knowledge Artifacts, referred to as (KNARTs), enable the structuring and encoding of clinical knowledge so the knowledge can be integrated with electronic health records to enable clinical decision support.

The purpose of this Clinical Content White Paper (CCWP) is to capture the clinical context and intent of KNART use cases in sufficient detail to provide the KNART authoring team with the clinical source material to construct the corresponding knowledge artifacts using the HL7 Knowledge Artifact Specification. This paper has been developed using material from a variety of sources: VA artifacts, clinical practice guidelines, evidence in the body of medical literature, and clinical expertise. After reviewing these sources, the material has been synthesized and harmonized under the guidance of VA subject matter experts to reflect clinical intent for this use case.

Unless otherwise noted, items within this white paper (e.g., documentation template fields, orderable items, etc.) are chosen to reflect the clinical intent at the time of creation. To provide an exhaustive list of all possible items and their variations is beyond the scope of this work.

Conventions Used

Conventions used within the knowledge artifact descriptions include:

<obtain>: Indicates a prompt to obtain the information listed

- If possible, the requested information should be obtained from the underlying system(s). Otherwise, prompting the user for information may be required
- The technical and clinical notes associated with a section should be consulted for specific constraints on the information (e.g., time-frame, patient interview, etc.)
- Default Values: Unless otherwise noted, <obtain> indicates to obtain the most recent observation. It is recognized that this default time-frame value may be altered by future implementations

[...]: Square brackets enclose explanatory text that indicates some action on the part of the clinical user, or general guidance to the clinical or technical teams. Examples include, but are not limited to:

[Begin ...], [End ...]: Indicates the start and end of specific areas to clearly delineate them for technical purposes.

[Activate ...]: Initiates another knowledge artifact or knowledge artifact section.

[Section Prompt: ...]: If this section is applicable, then the following prompt should be displayed to the user.

[Section Selection Behavior: ...]: Indicates technical constraints or considerations for the selection of items within the section.

[Attach: ...]: Indicates that the specified item should be attached to the documentation template if available.

[Link: ...]: Indicates that rather than attaching an item, a link should be included in the documentation template.

[Clinical Comment: ...]: Indicates clinical rationale or guidance.

[Technical Note: ...]: Indicates technical considerations or notes.

[If ...]: Indicates the beginning of a conditional section.

[Else, ...]: Indicates the beginning of the alternative branch of a conditional section.

[End if ...]: Indicates the end of a conditional section.

□: Indicates items that should be selected based upon the section selection behavior.

Chapter 1. Endocrinology: Hypoglycemia

Clinical Context

[Begin Clinical Context.]

Hypoglycemia is a common problem among patients with both type 1 and type 2 diabetes mellitus and is a source of substantial morbidity and mortality. As hypoglycemia may have multiple causes (e.g., medication errors, food insufficiency, intercurrent illness, etc.), and as these factors are often inadequately recognized by clinicians and patients [VA/Department of Defense (DoD) 2017, American Diabetes Association (ADA) 2017, Seaquist 2013], there is a need for practice standardization around evidence-based recommendations to improve care and to achieve better outcomes. This clinical content white paper is based on ADA and VA/DoD guidelines and with the guidance of the endocrinology VA subject matter experts.

Table 1.1. Clinical Context Domains

Target User	Clinical providers
Patient	Adult outpatient with an active problem of either diabetes mellitus, type 1 or type 2
Priority	Routine
Specialty	Clinical providers caring for adult patients
Location	Emergency Department (<i>ED</i>), inpatient hospital, urgent care, ambulatory care clinic, community living center, or nursing home, virtual care

[End Clinical Context.]

Knowledge Artifacts

[Begin Knowledge Artifacts.]

This section describes the CDS knowledge artifacts that are intended for clinical providers who care for adult patients in the ED, during inpatient hospital discharge, in urgent care clinic, or in an ambulatory care clinic.

Three knowledge artifacts define this clinical use case. These artifacts include the ECA Rule, the Documentation Template, and the Order Set KNART which the following sections describe in detail.

- An ECA Rule: Endocrinology: Hypoglycemia KNART
 - Rule logic for actions that may include activating the documentation template and order set
- A Documentation Template: Endocrinology: Hypoglycemia KNART
 - Provides a structure to document management of diabetic patients for prevention of hypoglycemia
 - Includes logic for appropriate display of documentation sections
- An Order Set: Endocrinology: Hypoglycemia KNART
 - Orderable items to support management of diabetic patients for prevention of hypoglycemia
 - Includes logic for appropriate display of the order set

[End Knowledge Artifacts.]

Chapter 2. Event Condition Action (ECA) Rule: Hypoglycemia

[Begin Event Condition Action (ECA) Rule: Hypoglycemia]

Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

There are three main categories of events that function as triggers for hypoglycemia related ECA rules

- Clinical provider documentation of hypoglycemic episode; or
- Patient Reports Hypoglycemic Incident via Patient Portal; or
- Periodic system-run of preventive rules.

[End Knowledge Narrative.]

Global Conditions

[Begin Global Conditions.]

The four global conditions for this ECA Rule set are:

- Patient has an active diagnosis of diabetes mellitus, type 1 or 2, and
- Patient is on active medication of insulin, sulfonylurea, or meglitinides; and
- Patient's most recent hemoglobin A1c is < 7%; and
- Patient's life expectancy greater than 10 years.

Face to Face Encounter for Symptomatic Hypoglycemia

[Begin Face to Face or Virtual Encounter for Symptomatic Hypoglycemia.]

[Technical note: Implementing facilities will need to implement role-based access, and will need to establish processes to minimize clinically unnecessary actions of ECA rules.]

Events

[Begin Events.]

Clinical Provider documentation of hypoglycemic episode

[End Events.]

Conditions

[Begin Conditions.]

Patient Encounter related conditions:

- ED encounter for hypoglycemia; or
- Inpatient hospital discharge with a discharge diagnosis of hypoglycemia; or
- Urgent care encounter with a diagnosis of hypoglycemia; or
- Encounter in clinical provider's office for hypoglycemia
- Virtual encounter such as via telephone or telemedicine for hypoglycemia

Patient related conditions:

- Cognitive impairment or dementia; or
- Major neurologic disorder; or
- Seizures; or
- Major depression; or
- Alcohol/substance abuse; or
- Cardiovascular disorder; or
- Chronic kidney disease; or
- Chronic liver disease; or
- History of or at risk for falls; or
- Homelessness; or
- Living alone; or
- Social isolation; or
- Fears and quality of life concerns related to hypoglycemia; or
- Food insufficiency; or
- Potential for self-management difficulties (poor dexterity, active mental health diagnosis, or vision loss.)

[End Conditions.]

Actions

[Begin Actions.]

1. Send a message to the independent practitioner saying, "Patient has had an episode of hypoglycemia. Assess hypoglycemia awareness, review management plan, and adjust medications and glycemic target range as appropriate."
2. Send a message to the pharmacist saying, "Patient has had an episode of hypoglycemia. Review prescriptions and dosing instructions with the patient to help ensure understanding of medication use."
3. Send a message to the care manager saying, "Patient has had an episode of hypoglycemia. Assess self-management adherence risks, understanding of action plan, hypoglycemia risk factors, and psychosocial barriers. Refer to services as needed."
4. Send a message to the certified diabetes educator saying, "Patient has had an episode of hypoglycemia. Address any identified self-management issues."

5. Send a message to the dietitian saying, "Patient has had an episode of hypoglycemia. Address any identified nutritional issues."
6. Send a message to the social worker saying, "Patient has had an episode of hypoglycemia. Address any identified psychosocial barriers to care."
7. Send a message to the care coordinator saying, "Patient has had an episode of hypoglycemia. Make sure that an urgent visit with the prescriber of their hypoglycemic medications is scheduled and completed."
8. Send a message to the patient saying, "Review your self-management plan, including what to do if you have low blood sugar. If you have any questions, do not hesitate to contact your care team."
9. Activate Documentation Template: Hypoglycemia KNART.
10. Activate Order Set: Hypoglycemia KNART.

[End Actions.]

[End Face to Face Encounter for Symptomatic Hypoglycemia.]

Patient Reported Hypoglycemic Episode

Events

[Begin Events.]

- Self-report of hypoglycemia through patient portal (patient health record; PHR) or telemonitoring

[End Events]

Conditions

[Begin Conditions.]

Patient related conditions:

- Cognitive impairment or dementia; or
- Major neurologic disorder; or
- Seizures; or
- Major depression; or
- Alcohol/substance abuse; or
- Cardiovascular disorder; or
- Chronic kidney disease; or
- Chronic liver disease; or
- History of or at risk for falls; or
- Homelessness; or
- Living alone; or
- Social isolation; or

- Fears and quality of life concerns related to hypoglycemia; or
- Food insufficiency; or
- Potential for self-management difficulties (poor dexterity, active mental health diagnosis, or vision loss.)

[End Conditions.]

Actions

1. Send a message to the independent practitioner saying, "Patient has had an episode of hypoglycemia. Assess hypoglycemia awareness, review management plan, and adjust medications and glycemic target range as appropriate."
2. Send a message to the pharmacist saying, "Patient has had an episode of hypoglycemia. Review prescriptions and dosing instructions with the patient to help ensure understanding of medication use."
3. Send a message to the care manager saying, "Patient has had an episode of hypoglycemia. Assess self-management adherence risks, understanding of action plan, hypoglycemia risk factors, and psychosocial barriers. Refer to services as needed."
4. Send a message to the certified diabetes educator saying, "Patient has had an episode of hypoglycemia. Address any identified self-management issues."
5. Send a message to the dietitian saying, "Patient has had an episode of hypoglycemia. Address any identified nutritional issues."
6. Send a message to the social worker saying, "Patient has had an episode of hypoglycemia. Address any identified psychosocial barriers to care."
7. Send a message to the care coordinator saying, "Patient has had an episode of hypoglycemia. Make sure that an urgent visit with the prescriber of their hypoglycemic medications is scheduled and completed."
8. Send a message to the patient saying, "Review your self-management plan, including what to do if you have low blood sugar. If you have any questions, do not hesitate to contact your care team."
9. System waits for independent practitioner to open the record.
10. Activate Documentation Template: Hypoglycemia KNART.
11. Activate Order Set: Hypoglycemia KNART.

[End Actions.]

[End Patient Reported Hypoglycemic Episode.]

Asymptomatic but at Risk for Hypoglycemia

[Begin Asymptomatic but at Risk for Hypoglycemia.]

Event

[Begin Event.]

- System run of hypoglycemia rule

[Technical Note: Hypoglycemia rule is run every 150 days.]

[End Event.]

Conditions

[Begin Conditions.]

- Patient meets at least one of the following conditions:
 - Prior episode of hypoglycemia
 - Age greater than 74 years; or
 - Active problem of cognitive impairment; or
 - Active problem of dementia; or
 - Serum creatinine greater than 1.7 mg/dL within 150 days.

[End Conditions.]

Actions

[Begin Actions.]

1. Send a message to the independent practitioner saying, "Patient is at risk for hypoglycemia. Assess hypoglycemia awareness, review management plan, and adjust medications and glycemic target range as appropriate."
2. Send a message to the pharmacist saying, "Patient is at risk for hypoglycemia. Review prescriptions and dosing instructions with the patient to help ensure understanding of medication use."
3. Send a message to the care manager saying, "Patient is at risk for hypoglycemia. Assess self-management adherence risks, understanding of action plan, hypoglycemia risk factors, psychosocial barriers. Refer to services as needed."
4. Send a message to the certified diabetes educator saying, "Patient is at risk for hypoglycemia. Address any identified self-management issues."
5. Send a message to the dietitian saying, "Patient is at risk for hypoglycemia. Address any identified nutritional issues."
6. Send a message to the social worker saying, "Patient is at risk for hypoglycemia. Address any identified psychosocial barriers to care."
7. Send a message to the care coordinator saying, "Patient is at risk for hypoglycemia. Make sure that a visit with the prescriber of their hypoglycemic medications is scheduled and completed."
8. Send a message to the patient saying, "Review your self-management plan, including what to do if you have low blood sugar. If you have any questions, do not hesitate to contact your care team."
9. System waits for independent practitioner to open the record.
10. Activate Documentation Template: Hypoglycemia KNART.
11. Activate Order Set: Hypoglycemia KNART.]

[End Actions.]

[End Asymptomatic but at Risk for Hypoglycemia.]

[End Global Conditions.]

[End Event Condition Action (ECA) Rule: Hypoglycemia.]

Chapter 3. Documentation Template: Hypoglycemia

[Begin Documentation Template: Hypoglycemia.]

Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[Clinical Comment: This documentation template facilitates documentation of a clinical practitioner's assessment and management of hypoglycemia.]

[Technical Note: Clinical providers should enter information into the documentation template form as needed during the evaluation. Information available within the Electronic Health Record (EHR) will auto-populate the documentation template.]

[End Knowledge Narrative.]

History of Present Illness

[Begin History of Present Illness.]

[Section Prompt: Reason for Evaluation.]

[Section Prompt: Patients at risk for hypoglycemia include those with an active diagnosis of diabetes mellitus type 1 or 2 who are on active medications of insulin, sulfonylurea, or meglitinides; whose most recent hemoglobin A1c is <7%; whose life expectancy is greater than 10 years; and who exhibit one or more of the following:]

- Cognitive impairment or dementia
- Major neurologic disorder
- Seizures
- Major depression
- Alcohol/substance abuse
- Cardiovascular disorder
- Chronic kidney disease
- Chronic liver disease
- History of or at risk for falls
- Homelessness
- Living alone
- Social isolation
- Fears and quality of life concerns related to hypoglycemia
- Food insufficiency
- Potential for self-management difficulties (poor dexterity, active mental health diagnosis, or vision loss.)

- Prior episode of hypoglycemia
- Age greater than 74 years

[Section Selection Behavior: Select one. Required.]

- ☐ Recent hypoglycemic episode
- ☐ At risk for hypoglycemia without recent episode
- ☐ Other

<obtain> Descriptions

[Section Prompt: Diabetes Control Status]

<obtain> Type of diabetes

<obtain> Glycated Hemoglobin (HbA1c) goal

<obtain> Most recent HbA1c (%)

<obtain> Date

<obtain> Preprandial blood glucose target range

<obtain> Actual preprandial blood glucose range

[Section Prompt: Medication Reconciliation: Potential medication interactions with antiglycemic agents and/or medication impact on hypoglycemic awareness.]

<obtain> Description of interactions

[Section Prompt: Prior Hypoglycemic Episode(s).]

[Section Selection Behavior: Select one. Required.]

- ☐ No
- ☐ Yes

[If yes, then display the hypoglycemic episode detail section.]

[Begin hypoglycemic episode detail.]

[Section Selection Behavior: Select any or none. Optional.]

- ☐ Hypoglycemia requiring paramedics, ED evaluation, or hospitalization
 - <obtain> Number of episodes since last visit
 - <obtain> Number of episodes in the last year
- ☐ Hypoglycemia requiring bystander intervention
 - <obtain> Number of episodes since last visit
 - <obtain> Number of episodes in the last year
- ☐ Self-managed hypoglycemic episode(s)
 - <obtain> Number of episodes since last visit
 - <obtain> Number of episodes in the last year

<obtain> Typical number of hypoglycemic episodes per week

[Section Prompt: Methods Used to Treat Hypoglycemia.]

[Section Selection Behavior: Select any or none. Optional.]

- ☐ Carbohydrate-rich snacks or drinks
- ☐ Glucose tablets, gels, or drinks
- ☐ Glucagon injections

<obtain> Number since last visit

<obtain> Number in the last year

[Selection Prompt: Ask Patient: How good is your ability to recognize your hypoglycemia symptoms?]]

[Section Selection Behavior: Select one. Optional.]

- ☐ None
- ☐ Poor
- ☐ Good

<obtain> Hypoglycemia symptoms

<obtain> Most common causes of hypoglycemia

[Section Prompt: Hypoglycemia Risk Factors.]

<obtain> Age

<obtain> Life Expectancy

[Section Selection Behavior: Select any or none. Optional.]

- ☐ Cognitive Impairment/Dementia
- ☐ Major neurologic disorder

- <obtain> Description

- ☐ Seizures

- <obtain>Description

- ☐ Major depression

- <obtain> Description

- ☐ Cardiovascular disease

- <obtain> Description

- ☐ Chronic kidney disease

- <obtain> Description

- <obtain> Most recent serum creatinine (mg/dL)

- <obtain> Date

<obtain> Most recent estimated glomerular filtration rate (mL/min/1.73 m²)

<obtain> Date

<obtain> Most recent urinary albumin-to-creatinine ratio (mg/g)

<obtain> Date

☐ Chronic liver disease

- <Obtain>Description
- <Obtain>Most recent liver enzymes
- <Obtain>Date

☐ Fall history or risk

☐ Potential Self-Management Difficulties

- ☐ Poor manual dexterity
- ☐ Active mental health diagnosis
- ☐ Advanced eye disease, including but not limited to visual loss and retinopathy
- ☐ Food insufficiency
- Other
 - <obtain> Description

☐ Social risk factors

- Alcohol/substance abuse
 - <obtain> Description
- Homelessness
- Living alone
- Social isolation
- Other
 - <obtain> Description

☐ Patient has fears or concerns regarding their diabetes management

- <obtain> Description

☐ Other

- <obtain> Description

[End History of Present Illness.]

Past Medical History

[Begin Past Medical History.]

[Section Selection Behavior: Select one.]

- ☐ None
- ☐ Mild (microalbuminuria, background retinopathy, and/or mild nephropathy)
- ☐ Moderate (persistent, fixed proteinuria; pre-proliferative retinopathy; and/or peripheral neuropathy with sensory loss)
- ☐ Advanced (renal insufficiency, proliferative retinopathy/prior laser treatment; peripheral neuropathy with insensate extremities, and/or autonomic neuropathy)

<obtain> Functional status

<obtain> Other

[End Past Medical History.]

Medications

[Begin Medications.]

[Section Selection Behavior: Select any or none. Optional.]

- ☐ Insulin
 - <obtain> Prescription details
- ☐ Sulfonylureas
 - <obtain> Prescription details
- ☐ Meglitinides
 - <Obtain> Prescription details
- ☐ Other glucose-lowering agents
 - <obtain> Prescription details

<obtain> Prior adverse effects of glucose-lowering agents

[End Medications.]

Lifestyle

[Begin Lifestyle.]

- <obtain> Typical diet
- <obtain> Exercise
- <obtain> Tobacco, alcohol, or other substance use
 - <obtain> Description
- <obtain> Other
- ☐ Weight loss
- ☐ Recently reduced carbohydrate intake

☐Delayed or missed meals

[End Lifestyle.]

Patient Preferences

[Begin Patient Preferences.]

☐ Patient preferences for glucose-lowering agents assessed

<obtain> Patient preferences for glucose-lowering agents

[End Patient Preferences.]

Plan

[Begin Plan.]

[Section Prompt: HbA1c Target Range.]

[Section Selection Behavior: Select one. Optional.]

☐ 6.0% to 7.0% (Recommended for those with absent or mild microvascular disease, no major comorbidity, and life expectancy greater than 10 years)

☐ 7.0% to 8.0% (Recommended for those with moderate microvascular disease, no major comorbidity, and life expectancy greater than 10 years or with absent or mild microvascular disease, major comorbidity present but manageable, and life expectancy of 5 to 10 years)

☐ 7.5% to 8.5% (Recommended for those with moderate microvascular disease, major comorbidity present but manageable, and life expectancy of 5 to 10 years or with advanced microvascular disease, major comorbidity present and challenging to manage or end-stage, and life expectancy of at least 5 years)

☐ 8.0% to 9.0% (Recommended for those with major comorbidity present and challenging to manage or end-stage and life expectancy less than 5 years)

☐ Other

- <obtain> Description

<obtain> Preprandial blood glucose target range

<obtain> Self-management plan changes

<obtain> Recommended lifestyle changes

<obtain> Consultations

<obtain> Other

[End Plan.]

[End Documentation Template: Hypoglycemia.]

Chapter 4. Order Set: Hypoglycemia

[Begin Order Set: Hypoglycemia.]

Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[Technical Note: Order Sets will include medication, supplies, laboratory tests, point of care tests, consults and referrals, and patient and caregiver education.]

[End Knowledge Narrative.]

Medications

[Begin Medications.]

[Section Prompt: Medications:]

[Technical Note: The Medications section should be available to clinical providers for any patients presenting for evaluation of a hypoglycemic episode or hypoglycemia risk.]

Insulin

[Begin Insulin.]

[Technical Note: The Insulin subtitle of Medications should be available for any patient with an active medication of regular insulin or isophane insulin (*NPH*).]

[Section Prompt: It is recommended that insulin be reduced before modifications are made to other hypoglycemic agents.]

[Section Selection Behavior: Select any or none. Optional.]

- ☐ Discontinue regular insulin (now)
- ☐ Reduce regular insulin (now)
- ☐ Discontinue NPH insulin (now)
- ☐ Reduce NPH insulin (now)
- ☐ Insulin aspart solution subcutaneous 3 refills (routine)
- ☐ Insulin glargine solution subcutaneous 3 refills (routine)
- ☐ Insulin detemir solution subcutaneous 3 refills (routine)

[End Insulin.]

Sulfonylureas

[Begin Sulfonylureas.]

[Technical Note: The Sulfonylureas subtitle in the Medications section should be made available for any patient with an active sulfonylurea medication.]

- ☐ Discontinue glyburide (now)
- ☐ Reduce glyburide (now)
- ☐ Glipizide 5 mg tablet oral 3 refills (routine)
- ☐ Glimepiride
- ☐ Other non-sulfonylurea agent

[End Sulfonylureas.]

Meglitinides

[Begin Meglitinides.]

[Technical Note: The Meglitinides subtitle in the Medications section should be made available for any patient with an active Meglitinides medication.]

- ☐ Discontinue Nateglinide (now)
- ☐ Reduce Nateglinide (now)
- ☐ Discontinue Repaglinide (now)
- ☐ Reduce Repaglinide (now)
- ☐ Initiate Nateglinide (now)
- ☐ Initiate Repaglinide (now)

[End Meglitinides.]

Glucagon

[Begin Glucagon.]

[Section Prompt: Be aware of risk of nausea with glucagon]

[Technical Note: The Glucagon subtitle in the "Medications" section should be made available for any patient without an active medication of glucagon.]

[Section Selection Behavior: Select any or none. Optional.]

☐ Glucagon 1 mg solution subcutaneous or intramuscular; Use as needed for clinically significant hypoglycemia when situationally appropriate (e.g., blood glucose less than or equal to 54 mg/dL or other threshold as specified in patient treatment plan, or as directed and required by circumstances); Dissolve glucagon in accompanying diluent before administering; repeat after 15 minutes if delayed response; Dispense 2 kits; 3 refills (routine)

Other medication options for hypoglycemia

- ☐ Glucose gel
- ☐ Glucose tablets

[End Glucagon.]

[End Medications.]

Supplies

[Begin Supplies.]

[Section Prompt: Supplies.]

[Technical Note: This section should be available to clinical providers for any patient presenting for evaluation of a hypoglycemic episode or hypoglycemia risk.]

[Clinical Comment: Supply orders considered routine unless otherwise specified.]

[Section Prompt: Glucose Monitoring Supplies]

[Section Selection Behavior: Select any or none. Optional.]

- ☐ Blood glucose monitoring device dispense 1 device
- ☐ Blood glucose monitoring test strips dispense 1 box; 3 refills
- ☐ Blood glucose monitoring lancets dispense 1 box; 3 refills
- ☐ Alcohol swabs dispense 1 box; 3 refills

[Section Prompt: Insulin Supplies.]

[Technical Note: This subtitle should be available for any patient with an active medication of any type of insulin.]

[Section Selection Behavior: Select any or none. Optional.]

- ☐ Insulin syringes dispense 1 box; 3 refills

[End Supplies.]

Laboratory Tests

[Begin Laboratory Tests.]

[Section Prompt: Laboratory Tests.]

[Technical Note: This section should be available to clinical providers for any patient presenting for evaluation of a hypoglycemic episode or hypoglycemia risk.]

[Clinical Comment: All tests are one time and routine in timing unless specified.]

[Section Selection Behavior: Select any or none. Optional.]

- ☐ Basic metabolic profile
- ☐ HbA1c
- ☐ Fasting blood glucose
- ☐ Serum creatinine
- ☐ eGFR
- ☐ Urinary albumin-to-creatinine ratio
- ☐ Liver function tests

[End Laboratory Tests.]

Point of Care Tests

[Begin Point of Care Tests.]

[Section Prompt: Point of Care Tests.]

[Section Prompt: Point of Care Hgb A1C Tests should be confirmed by a Hgb A1C test performed in a National Glycohemoglobin Standardization Program (NGSP) accredited laboratory.]

[Technical Note: This section should be available to clinical providers for any patient presenting for evaluation of a hypoglycemic episode or hypoglycemia risk.]

[Section Selection Behavior: Select any or none. Optional.]

- ☐ Fingerstick blood glucose 1 time (now)
- ☐ Dipstick urine ketones 1 time (now)
- ☐ Dipstick urine albumin 1 time (now)
- ☐ Hgb A1C 1 time (now)

[End Point of Care Tests.]

Consults and Referrals

[Begin Consults and Referrals.]

[Section Prompt: Consults and Referrals.]

[Technical Note: This section should be available to clinical providers for any patient presenting for evaluation of a hypoglycemic episode or hypoglycemia risk.]

[Section Selection Behavior: Select any or none. Optional.]

- ☐ Consult care management to evaluate risks related to the patient's ability to adhere to the treatment plan. Factors evaluated should include access to and ability to use self-monitoring of blood glucose (SMBG) device, glucagon, and insulin injections as directed as well as other factors that may increase the patient's risk of hypoglycemia (e.g., food insufficiency). Actions to be taken may include connecting the patient to appropriate services to mitigate risks, ensuring availability and patient understanding of the patient-specific symptom action plan, and identification and management of any psychosocial barriers to care (routine)
- ☐ Consult nutrition service (routine)
- ☐ Consult social services to evaluate psychosocial barriers to care (routine)
- ☐ Consult occupational therapy to evaluate functional status issues that may interfere with diabetes self-management (routine)
- ☐ Consult physical therapy to evaluate functional status issues that may interfere with diabetes self-management (routine)
- ☐ Consult diabetes education to evaluate self-management issues such as knowledge and skill deficiencies (routine)
- ☐ Consult behavioral health psychiatry to evaluate mental health issues that may interfere with diabetes self-management (routine)
- ☐ Consult geriatric medicine to evaluate hypoglycemia risk (routine)
- ☐ Consult clinical pharmacy to evaluate diabetic medication therapy (routine)
- ☐ Consult ophthalmology/optometry to evaluate for visual barriers to self-management

[End Consults and Referrals.]

Patient and Caregiver Education

[Begin Patient and Caregiver Education.]

[Section Prompt: Patient and Caregiver Education.]

[Technical Note: This section should be available to clinical providers for any patient presenting for evaluation of a hypoglycemic episode or hypoglycemia risk.]

[Technical Note: A referral to the following website will be included in patient take home education: https://www.prevention.va.gov/Talk_with_Your_VA_Provider_to_Avoid_Low_Blood_Sugar.asp.]

[Section Selection Behavior: Select one. Optional.]

☐ Diabetes self-management education (routine)

[End Patient and Caregiver Education.]

[End Order Set: Hypoglycemia.]

Bibliography/Evidence

American Diabetes Association (ADA).. *Standards of medical care in diabetes-2017. Diabetes Care.* 2017. 40. suppl 1. S1-S135. O'Neil G.. *V1-High Risk for Hypoglycemia. V1_HIGH RISK FOR HYPOGLYCEMIA.PowerPoint.ppt..* June 4, 2015.

Veterans Integrated Service Network (VISN) 1 hypoglycemia reminder PowerPoint (Linda Wedemeyer, MD, email communication, July 10, 2017).

[Seaquist, 2013] ER Seaquist, J Anderson, B Childs, and et al. "Hypoglycemia and diabetes: a report of a workgroup of the American Diabetes Association and the Endocrine Society". *Diabetes Care.* 2013. 36. 5. 1384-1395.

U.S. National Library of Medicine. *GLIPIZIDE- glipizide tablet [Actavis Pharma, Inc.]. DailyMed Website.* <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=ad55dfd7-ffb5-478a-aa84-1009fa921e22>. Revised June 2015.

U.S. National Library of Medicine. *GLUCAGON- glucagon [Eli Lilly and Company]. DailyMed Website.* . <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=f143db10-e889-41c3-84ed-603a0ab02f61>. Revised November 2017.

U.S. National Library of Medicine. *LANTUS- insulin glargine injection, solution, LANTUS SOLOSTAR- insulin glargine injection, solution [sanofi-aventis U.S. LLC]. DailyMed Website.* <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=d5e07a0c-7e14-4756-9152-9fea485d654a>. Revised August 2015.

U.S. National Library of Medicine. *LEVEMIR- insulin detemir injection, solution [Novo Nordisk]. DailyMed Website.* <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=d38d65c1-25bf-401d-9c7e-a2c3222da8af>. Revised February 2015.

U.S. National Library of Medicine. *NOVOLOG- insulin aspart injection, solution [Novo Nordisk]. DailyMed Website.* . <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=3a1e73a2-3009-40d0-876c-b4cb2be56fc5>. Revised March 2017.

U.S. Department of Veterans Affairs and U.S. Department of Defense. *VA/DoD Clinical Practice Guideline for the Management of Type 2 Diabetes Mellitus in Primary Care, version 5.0—2017. VA/DoD Clinical Practice Guidelines website.* <https://www.healthquality.va.gov/guidelines/CD/diabetes/VADoDDMCPGFinal508.pdf>.

Appendix A. Existing Sample VA Artifacts

Hypoglycemia Screen Clinical Reminder Resources

Hypoglycemia Safety Initiative (HSI) [<http://www.qualityandsafety.va.gov/ChoosingWiselyHealthSafetyInitiative/HypoglycemiaSite/Hypoglycemia.asp>]

HSI Corporate Data Warehouse (CDW) Reports [https://spsites.cdw.va.gov/sites/QSV_CW/Pages/HSI.aspx]

HSI Computerized Patient Record System (CPRS) Hypoglycemia Screening Tools [https://spsites.cdw.va.gov/sites/QSV_CW/Pages/HSI_CPRSTools.aspx]

Clinical Reminder Overview

The intended cohort for the HSI is:

Patients on insulin and/or a sulfonylurea ...

with a recent A1C less than 7 ...

and who:

- Are over the age of 74, or
- Have a diagnosis of cognitive impairment or dementia, or
- Have a recent serum creatinine value greater than 1.7

The recommended screening frequency is at least every 6 months for patients at risk

The reminder terms, findings, time frames, etc. included in the Hypoglycemia Screen Clinical Reminder support this intended cohort and recommended screening frequency

It's recognized that facilities may decide to modify the cohort logic in this clinical reminder to support local practices/approaches. If local changes are pursued, the Choosing Wisely Task Force – Hypoglycemia Safety Initiative kindly asks that the spirit of the intended cohort and recommended screening frequency remain.

Health Factors

When installing the Clinical Reminder, please do not modify or remove any of the included health factors nor change the context by which they're generated.

Local modification of these health factors will adversely impact data capture for and data display in the HSI reports for all VA facilities.

Clinical Reminder Versus Hypoglycemia Safety Initiative (HSI) Corporate Data Warehouse (CDW) Reports

Clinical Reminder technology and the Corporate Data Warehouse system are two systems that use the same data source (Veterans Information Systems and Technology Architecture, VistA) but have different functionalities and capabilities

Therefore, while most patients will be identified by both tools, it is recognized that the cohort of patients identified by the Clinical Reminder will not be a 100% match to the cohort of patients identified by the HSI CDW reports

It's estimated that the 'mismatch' percentage will be less than 5%.

Both tools accurately implement the intended cohort.

Known Differences Between the Hypoglycemia Screen Clinical Reminder and Hypoglycemia Safety Initiative (HSI) Corporate Data Warehouse (CDW) Reports

Hypoglycemia Screen Clinical Reminder	HSI CDW Reports
Only pulls data from within facility	Pulls data from across the VA
Defines dementia/cognitive impairment slightly differently	
Includes of Systematized Nomenclature of Medicine (SNOMED) codes results in some additional diagnosis codes	SNOMED codes unavailable
Active/Susp or Hold prescriptions that have not yet been released for the first time are not 'seen' by the "Hypoglycemia Screen Patient on Diabetic Meds VA/Non-VA" reminder term	Includes all Active/Susp or Hold prescriptions regardless of release history
T-30D logic for expired prescriptions means that the last release date plus the days' supply + 30 days is the time frame used (e.g., a 30-day supply prescription will be included if it was released within the last 60 days, a 90-day supply prescription will be included if it was released within the last 120 days)	Expired prescriptions are included if they have been released in the last 90 days, regardless of days' supply
Due every 6 months	Parameters and summary data time frame is 1 year for evaluations

The Choosing Wisely Task Force – Hypoglycemia Safety Initiative encourages facilities to use all available tools (Reminder Dialog Template, Clinical Reminder, and Corporate Data Warehouse Reports) to identify and manage this patient population

Reminder Inquiry: Hypoglycemia Screen

HYPOGLYCEMIA SCREEN

No. 519

Print Name: Hypoglycemia Screen

Class: LOCAL

Sponsor:

Review Date: JULY 6, 2015

Rescission Date:

Usage: CPRS, DATA EXTRACT, REPORTS

Related VA-* Reminder:

Reminder Dialog: HYPOGLYCEMIA SCREEN VISN12

Priority:

Description:

Screening for hypoglycemia should be performed in patients at risk for hypoglycemia. Studies show an increased risk for hypoglycemia in patients on insulin and/or a sulfonylurea with a recent A1C less than 7

and who:

- Are over the age of 74 or
- Have a diagnosis of cognitive impairment or dementia or
- Have a recent serum creatinine value greater than 1.7

Screening for hypoglycemia is indicated at least every 6 months for patients at risk.

Technical Description:

Baseline Frequency:

Do In Advance Time Frame: Do if DUE within 30 days
Sex Specific:
Ignore on N/A:
Frequency for Age Range: 6 months for all ages
Match Text:
No Match Text:

Findings:

```
---- Begin: HYPOGLYCEMIA SCREEN A1C V12 (FI(1)=RT(1149)) -----
      Finding Type: REMINDER TERM
      Beginning Date/Time: T-18M
      Condition: I (+V>0)&(+V<7)

      Mapped Findings: LT.HEMOGLOBIN A1C

---- End: HYPOGLYCEMIA SCREEN A1C V12 -----

---- Begin: VA-AGE (FI(2)=CF(39)) -----
      Finding Type: REMINDER COMPUTED FINDING
      Condition: I V>74
      Use Status/Cond in Search: YES
---- End: VA-AGE -----

---- Begin: HYPOGLYCEMIA SCREEN V12 (FI(3)=RT(1150)) -----
      Finding Type: REMINDER TERM
      Use in Resolution Logic: OR

      Mapped Findings: HF.HYPOGLYCEMIA (2-3 PER MONTH)
      Health Factor Category: HYPOGLYCEMIA SCREENING

      Mapped Findings: HF.HYPOGLYCEMIA (DAILY)
      Health Factor Category: HYPOGLYCEMIA SCREENING

      Mapped Findings: HF.HYPOGLYCEMIA (NONE REPORTED)
      Health Factor Category: HYPOGLYCEMIA SCREENING

      Mapped Findings: HF.HYPOGLYCEMIA (ONCE A WEEK)
      Health Factor Category: HYPOGLYCEMIA SCREENING
```

```

        Mapped Findings: HF.HYPOGLYCEMIA (ONCE)
Health Factor Category: HYPOGLYCEMIA SCREENING

---- End: HYPOGLYCEMIA SCREEN V12 -----

---- Begin: HYPOGLYCEMIA SCREEN DEMENTIA/COGNITIVE IMPAIRMENT V12
(FI(4)=RT(1156)) -----
        Finding Type: REMINDER TERM

        Mapped Findings: TX.HYPOGLYCEMIA SCREEN HISTORY OF
                        DEMENTIA V12 (PL-TX)

        Mapped Findings: TX.HYPOGLYCEMIA SCREEN COGNITIVE
                        IMPAIRMENT V12 (PL-TX)

        Mapped Findings: TX.HYPOGLYCEMIA SCREEN HX OF
                        DEMENTIA V12 (EN-TX)
        Beginning Date/Time: T-2Y
        Condition: I
"170,172,322,323,315,318,319,576,577"[V("STOP CODE") S AUMLOC=V("HOSPITAL
LOC"),RT="S VAL=$$GET1"_$C(94)"_DIQ(44,AUMLOC,2503)" X RT I (V("HOSPITAL
LOCATION")'="")&((VAL="")!(VAL["PHYS EXT")!(VAL["PHYSICIAN"])))
        Use Status/Cond in Search: YES

        Mapped Findings: TX.HYPOGLYCEMIA SCREEN COGNITIVE
                        IMPAIRMENT V12 (EN-TX)
        Beginning Date/Time: T-2Y
        Condition: I
"170,172,322,323,315,318,319,576,577"[V("STOP CODE") S AUMLOC=V("HOSPITAL
LOC"),RT="S VAL=$$GET1"_$C(94)"_DIQ(44,AUMLOC,2503)" X RT I (V("HOSPITAL
LOCATION")'="")&((VAL="")!(VAL["PHYS EXT")!(VAL["PHYSICIAN"])))
        Use Status/Cond in Search: YES

        Mapped Findings: MH.BOMC
        Beginning Date/Time: T-2Y
        MH Scale: 516 - Weighted error score
        Condition: I +V>10

---- End: HYPOGLYCEMIA SCREEN DEMENTIA/COGNITIVE IMPAIRMENT V12 -----

---- Begin: HYPOGLYCEMIA SCREEN CREATININE (LAB) V12 (FI(5)=RT(1148)) ----
        Finding Type: REMINDER TERM
        Beginning Date/Time: T-18M
        Condition: I
((V("SPECIMEN")="PLASMA")!(V("SPECIMEN")="SERUM"))
        Condition Case Sensitive: NO
        Use Status/Cond in Search: YES

        Mapped Findings: LT._CREATININE (OF eGFR PANEL)

---- End: HYPOGLYCEMIA SCREEN CREATININE (LAB) V12 -----

---- Begin: HYPOGLYCEMIA SCREEN PATIENT ON DIABETIC MEDS VA/NON-VA
(FI(7)=RT(1151)) -----
        Finding Type: REMINDER TERM
        Status List: ACTIVE
                        DISCONTINUED
                        DISCONTINUED (EDIT)
```

DISCONTINUED (RENEWAL)
EXPIRED
SUSPENDED

Mapped Findings: DC.HS501
RX Type: N
Status List: ACTIVE
Use Status/Cond in Search: YES

Mapped Findings: DC.HS502
RX Type: N
Status List: ACTIVE
Condition: I (V("ORDERABLE ITEM")["GLY"]!(V("ORDERABLE
ITEM")["ACET"]!(V("ORDERABLE ITEM")["GLIPIZ"]!(V("ORDERABLE
ITEM")["GLIM"]!(V("ORDERABLE ITEM")["TOL"]!(V("ORDERABLE ITEM")["CHL"])
Condition Case Sensitive: NO
Use Status/Cond in Search: YES

Mapped Findings: DC.HS501
RX Type: O
Status List: ACTIVE
HOLD
REFILL
SUSPENDED
Use Status/Cond in Search: YES

Mapped Findings: DC.HS502
RX Type: O
Status List: ACTIVE
HOLD
REFILL
SUSPENDED
Condition: I (V("DISPENSE
DRUG")["GLYBUR"]!(V("DISPENSE DRUG")["GLIPIZ"]!(V("DISPENSE
DRUG")["GLIM"]!(V("DISPENSE DRUG")["ACETOH"]!(V("DISPENSE
DRUG")["CHLORP"]!(V("DISPENSE DRUG")["TOL"])
Condition Case Sensitive: NO
Use Status/Cond in Search: YES

Mapped Findings: DC.HS501
Beginning Date/Time: T-30D
RX Type: O
Status List: EXPIRED
Use Status/Cond in Search: YES

Mapped Findings: DC.HS502
Beginning Date/Time: T-30D
RX Type: O
Status List: EXPIRED
Condition: I (V("DISPENSE
DRUG")["GLYBUR"]!(V("DISPENSE DRUG")["GLIPIZ"]!(V("DISPENSE
DRUG")["GLIM"]!(V("DISPENSE DRUG")["ACETOH"]!(V("DISPENSE
DRUG")["CHLORP"]!(V("DISPENSE DRUG")["TOL"])
Condition Case Sensitive: NO
Use Status/Cond in Search: YES

----- End: HYPOGLYCEMIA SCREEN PATIENT ON DIABETIC MEDS VA/NON-VA -----

Function Findings:

----- Begin: FF(1)-----

Function String: NUMERIC(5,1,"VALUE")>1.7

Expanded Function String:

NUMERIC(HYPOGLYCEMIA SCREEN CREATININE (LAB) V12,1,"VALUE")>1.7

----- End: FF(1) -----

----- Begin: FF(2)-----

Function String: FI(1)&FI(7)

Expanded Function String:

FI(HYPOGLYCEMIA SCREEN A1C V12)&FI(
HYPOGLYCEMIA SCREEN PATIENT ON DIABETIC MEDS VA/NON-VA)

----- End: FF(2) -----

Customized PATIENT COHORT LOGIC to see if the Reminder applies to a patient:

(FI(2)&FF(2))!(FI(4)&FF(2))!(FI(5)&FF(1)&FF(2))

Expanded Patient Cohort Logic:

(FI(VA-AGE)&FF(2))!

(FI(HYPOGLYCEMIA SCREEN DEMENTIA/COGNITIVE IMPAIRMENT V12)&FF(2))!

(FI(HYPOGLYCEMIA SCREEN CREATININE (LAB) V12)&FF(1)&FF(2))

Default RESOLUTION LOGIC defines findings that resolve the Reminder:

FI(3)

Expanded Resolution Logic:

FI(HYPOGLYCEMIA SCREEN V12)

Web Sites:

Web Site URL: https://spsites.cdw.va.gov/sites/QSV_CW/Pages/HSI.aspx

Web Site Title: Choosing Wisely HSI Reports

Reminder Inquiry: DM A1c Goal Not Entered/ Reviewed

V12 (CS)-DM A1C GOAL NOT ENTERED/REVIEWED (HINES)

No. 646

Print Name: D: Diabetes - A1C Goal Needed

Class: LOCAL

Sponsor:

Review Date: AUG 26,2013

Rescission Date:

Usage: CPRS, DATA EXTRACT, REPORTS

Related VA-* Reminder:

Reminder Dialog: V12 (CS)-DIABETIC A1C MANAGEMENT RDV08-15-13

Priority:

Description:

This reminder will be DUE for diabetic patients if:

- No A1C Goal health factor has been entered within the past 3 years and
- No A1C Goal review health factor has been entered within the past 3 and
- NO other A1C reminders are DUE

Technical Description:

8-26-13: Entered as a coversheet reminder as this is an updated version of V12 (CS)-DM A1C GOAL NEEDED per M. Eskau.--jms

Replaced V12 (CS)-DIABETIC A1C MANAGEMENT RDV5-31-11 with V12 (CS)-DIABETIC A1C MANAGEMENT RDV08-15-13 reminder dialog per request of M. Eskau as it was updated--jms

8-15-12: Hines' coversheet naming convention. Placed as a coversheet reminder 8-15-12 to ensure that all diabetic patients have an agreed upon A1C goal documented to comply with the VISN goal of having shared governance between the patient and providers for A1C goals and to ensure that data gets sent to the V12 Data Warehouse

Baseline Frequency:

Do In Advance Time Frame: Wait until actually DUE
Sex Specific:
Ignore on N/A:
Frequency for Age Range: 0D - Not indicated for all ages
Match Text:
No Match Text:

Findings:

---- Begin: VISN 12 DIABETIC PATIENTS (FI(1)=RT(104)) -----
Finding Type: REMINDER TERM
Match Frequency/Age: 3 years for all ages
Use in Patient Cohort Logic: AND

Mapped Findings: CF.VA-REMINDER DEFINITION
Condition: I V="DUE NOW"
Use Status/Cond in Search: YES
Computed Finding Parameter: V12-FDR DIABETIC PATIENT

---- End: VISN 12 DIABETIC PATIENTS -----

---- Begin: VA-REMINDER DEFINITION (FI(2)=CF(75)) -----
Finding Type: REMINDER COMPUTED FINDING
Use in Patient Cohort Logic: AND NOT

```
Condition: I V="DUE NOW"!(V="DUE SOON")
Use Status/Cond in Search: YES
Computed Finding Parameter: V12 (CS)-DM A1C NOT IN RANGE RV7-9-12 (HINES)
---- End: VA-REMINDER DEFINITION -----

---- Begin: VA-REMINDER DEFINITION (FI(3)=CF(75)) -----
Finding Type: REMINDER COMPUTED FINDING
Use in Patient Cohort Logic: AND NOT
Condition: I V="DUE NOW"!(V="DUE SOON")
Use Status/Cond in Search: YES
Computed Finding Parameter: V12 (CS)-DM A1C ANNUAL NEEDED RV7-9-12 (HINES)
---- End: VA-REMINDER DEFINITION -----

---- Begin: V12 PATIENT A1C GOAL REVIEWED (FI(4)=RT(1892)) -----
Finding Type: REMINDER TERM
Use in Resolution Logic: OR
Beginning Date/Time: T-3Y

Mapped Findings: HF.PATIENT A1C GOAL REVIEWED
Health Factor Category: PATIENT A1C GOAL

Mapped Findings: HF.PATIENT A1C GOAL DEFERRED
Health Factor Category: PATIENT A1C GOAL

---- End: V12 PATIENT A1C GOAL REVIEWED -----

---- Begin: V12 PATIENT A1C GOAL ENTERED (FI(7)=RT(1559)) -----
Finding Type: REMINDER TERM
Use in Resolution Logic: OR
Beginning Date/Time: T-3Y

Mapped Findings: HF.PATIENT A1C GOAL < 7%
Health Factor Category: PATIENT A1C GOAL

Mapped Findings: HF.PATIENT A1C GOAL < 8%
Health Factor Category: PATIENT A1C GOAL

Mapped Findings: HF.PATIENT A1C GOAL <= 9%
Health Factor Category: PATIENT A1C GOAL

---- End: V12 PATIENT A1C GOAL ENTERED -----

---- Begin: V12 A1C (FI(8)=RT(1222)) -----
Finding Type: REMINDER TERM

Mapped Findings: LT.GLYCATED HEMOGLOBIN

Mapped Findings: CF.AJEY NUMERIC COMMENT
Computed Finding Parameter: OUTSIDE (A1C)

Mapped Findings: LT.GLYCATED HEMOGLOBIN

---- End: V12 A1C -----
```

General Patient Cohort Found Text:

This reminder will be DUE for diabetic patients if:

- NO A1C Goal has been entered in the past 3 years and
- NO Review of A1C Goals has been entered in the past 3 years and

- NO other A1C reminder is DUE

Default PATIENT COHORT LOGIC to see if the Reminder applies to a patient:
(SEX)&(AGE)&FI(1)&'FI(2)&'FI(3)

Expanded Patient Cohort Logic:

(SEX)&(AGE)&FI(VISN 12 DIABETIC PATIENTS)&'FI(VA-REMINDER DEFINITION)&'FI(VA-REMINDER DEFINITION)

Default RESOLUTION LOGIC defines findings that resolve the Reminder:
FI(4)!FI(7)

Expanded Resolution Logic:

FI(V12 PATIENT A1C GOAL REVIEWED)!FI(V12 PATIENT A1C GOAL ENTERED)

Clinical Reminder(s) for Evidence Based, Patient-Centered, Shared Glycemic Goals [Veterans Integrated Service Network (VISN) 12]

Figure A.1. Reminder Resolution: Diabetic- Annual A1c Needed

Reminder Resolution: P:Diabetic - Annual A1C NEEDED

A1C(S) - Past 1 year

No data available

☐ Patient is not DIABETIC

=====

NO A1C Goal Entered. Please discuss A1C goal with patient.
(See table below)

=====

Target A1C Levels

COMORBID STATES & LIFE EXPECTANCY	MICROVASCULAR COMPLICATIONS		
	Absent or Mild	Moderate	Advanced
[Absent :]	:	:	:
[>10 years of life :]	<7%	<8%	8-9%
[expectancy :]	:	:	:
[Present :]	:	:	:
[5 to 10 years of :]	<8%	<8%	8-9%
[life expectancy :]	:	:	:
[Marked :]	:	:	:
[<5 years of life :]	8-9%	8-9%	8-9%
[expectancy :]	:	:	:

☐ Patient/Caregiver agrees to an A1C goal of < 7%

☐ Patient/Caregiver agrees to an A1C goal of < 8%

☐ Patient/Caregiver agrees to an A1C goal of <= 9%

☐ A1c goal discussed. Goal under consideration by patient/caregiver.

This is the basic format. The decision paradigm from the 2010 VA/DoD Guideline is presented to use as a tool to help inform patients of evidence based target ranges.

This patient has not had an A1c in the past year and Teams are Reminded to request lab testing

There is the option to document a patient's goal OR defer that decision

Figure A.2. Reminder Resolution: Diabetic- A1c Goal Needed

Reminder Resolution: P:Diabetic - A1C Goal NEEDED

☐ Patient is not DIABETIC

=====

NO A1C Goal Entered. Please discuss A1C goal with patient.
(See table below)

=====

Target A1C Levels

COMORBID STATES & LIFE EXPECTANCY	MICROVASCULAR COMPLICATIONS		
	Absent or Mild	Moderate	Advanced
[Absent :]	:	:	:
[>10 years of life :]	<7%	<8%	8-9%
[expectancy :]	:	:	:
[Present :]	:	:	:
[5 to 10 years of :]	<8%	<8%	8-9%
[life expectancy :]	:	:	:
[Marked :]	:	:	:
[<5 years of life :]	8-9%	8-9%	8-9%
[expectancy :]	:	:	:

=====

☐ Patient/Caregiver agrees to an A1C goal of < 7%
☐ Patient/Caregiver agrees to an A1C goal of < 8%
☐ Patient/Caregiver agrees to an A1C goal of <= 9%
☐ A1c goal discussed. Goal under consideration by patient/caregiver.

Again, similar presentation but "due" when the patient has an A1c in the record but there is not yet a documented, shared, glycemic goal.

Figure A.3. Test Ordering

Each of these also includes a lower section allowing for test ordering and allowing for documentation of any change in a shared decision about intensifying or relaxing management.

The screenshot shows a medical form with the following sections:

- A1C Goal Selection:** Four radio button options:
 - ☐ Patient/Caregiver agrees to an A1C goal of < 7%
 - ☐ Patient/Caregiver agrees to an A1C goal of < 8%
 - ☐ Patient/Caregiver agrees to an A1C goal of <= 9%
 - ☐ A1c goal discussed. Goal under consideration by patient/caregiver.
- Order A1C:** A checked checkbox.
- Enter Outside (A1C):** A checked checkbox followed by a text input field with a dropdown arrow, a numeric input field with a dropdown arrow, and a unit dropdown menu with a plus/minus button and an ellipsis button.
- Location:** A text input field with a dropdown arrow.
- Enter Lab Value: *** A text input field.
- Shared Patient Centered Plan:** A section with three radio button options:
 - ☐ No change in glycemic management at this time.
 - ☐ Relax glycemic treatment
 - ☐ Intensify glycemic treatment
- Navigation Buttons:** A row of buttons: Clear, Clinical Maint, Visit Info, < Back, Next >, and Finish.

Figure A.4. Reminder Resolution: Diabetic- A1c Not in Range

Reminder Resolution: P:Diabetic - A1C NOT in Range

A1C(S) - Past 1 year

Collection DT	Spec	HGB	A1c
02/19/2013 07:50	BLOOD	11.1	H
01/22/2013 07:11	BLOOD	10.8	H
11/13/2012 07:56	BLOOD	11.2	H
10/09/2012 07:42	BLOOD	11.5	H
09/06/2012 09:26	BLOOD	12.6	H
07/05/2012 09:42	BLOOD	11.9	H

☐ Patient is not DIABETIC

=====

PATIENT A1C GOAL
PATIENT A1C GOAL < 8% 10/09/2012
Entered by: CLINICAL PHARMACIST/HYDE,MARGARET

=====

☐ Enter/Modify Patient A1C Goal
☐ Order A1C
☐ Enter Outside (A1C)

Patient on Hypoglycemic Meds

☐ Patient aware of potential for hypoglycemia
☐ Patient reports no symptoms of hypoglycemia

Shared Patient Centered Plan

☒ No change in glycemic management at this time.
☐ Relax glycemic treatment
☐ Intensify glycemic treatment

Finally, if a patient is out of their chosen range, we are "reminded" of that allowing us to alter management.

Patients may choose a goal lower than the evidence supports

Autonomy of patient should be respected

Figure A.5. Final Reminder

This final reminder is due if any of the following criteria are met.

Description:

This reminder will be DUE for diabetics if:

- The most recent A1C within the past year is < 6% and pt is on diabetic medication
OR
- The most recent A1C is greater than the PATIENT A1C GOAL
OR
- The most recent A1C is > 6.9 and pt is eligible for METFORMIN and NOT on METFORMIN)
OR
- the most recent A1C is > 9%

Appendix B. Basic Laboratory Panel Definition

- Blood Urea Nitrogen
- Calcium
- Chloride
- CO₂ (Carbon Dioxide, Bicarbonate)
- Creatinine
- Glucose
- Potassium
- Sodium

Appendix C. Logic Diagrams

Figure C.1. ECA Rule: Symptomatic Hypoglycemia

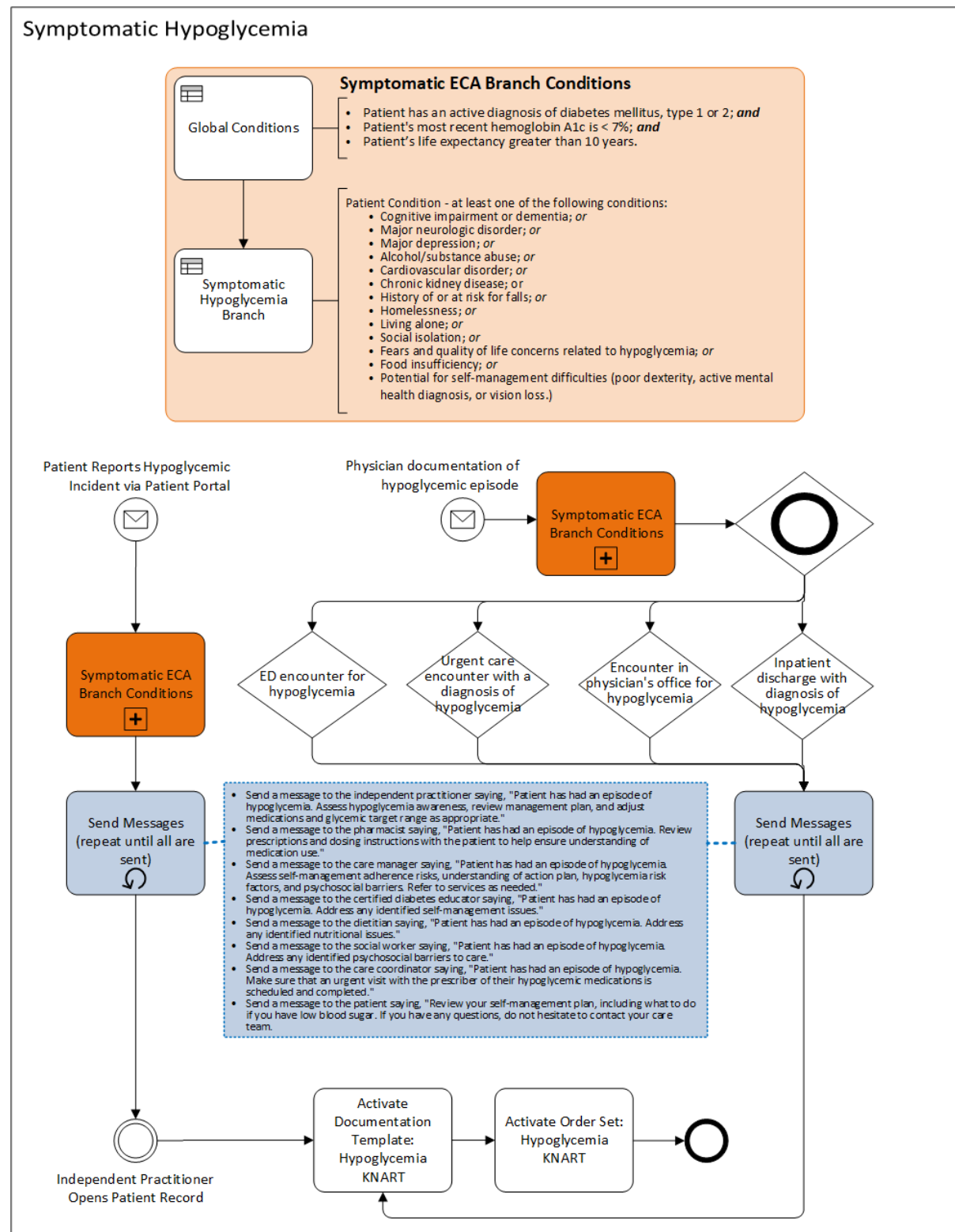
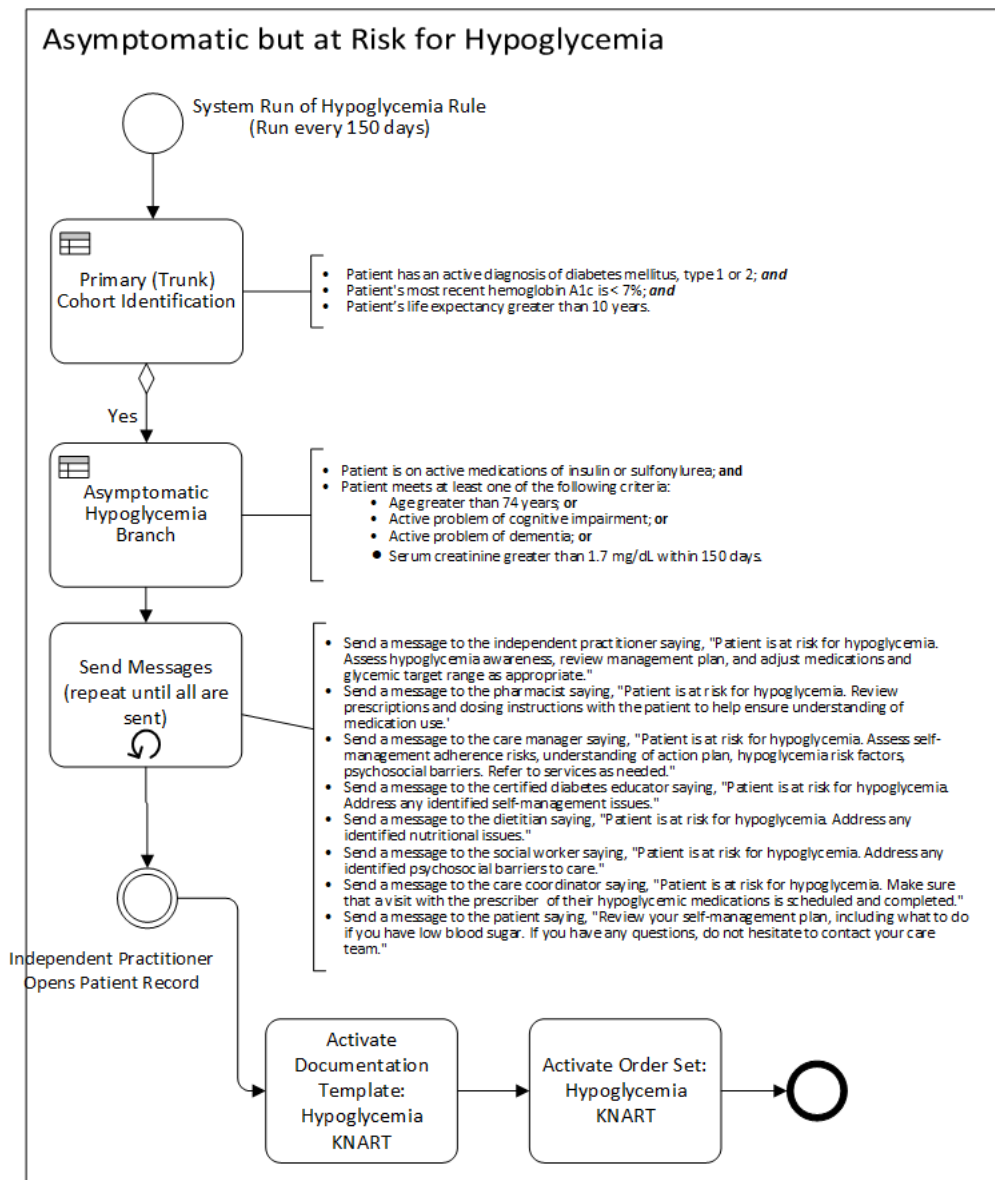


Figure C.2. ECA Rule: System Run/Asymptomatic Hypoglycemia



Appendix D. Acronyms

ADA	American Diabetes Association
CCWP	Clinical Content White Paper
CDS	Clinical Decision Support
CDW	Corporate Data Warehouse
CO2	Carbon Dioxide
CPRS	Computerized Patient Record System
DoD	Department of Defense
ECA	Event-Condition-Action
ED	Emergency Department
EHR	Electronic Health Record
HbA1c	Glycated Hemoglobin (Hemoglobin A1c)
HL7	Health Level 7
HSI	Hypoglycemia Safety Initiative
KBS	Knowledge Based Systems
KNART	Knowledge Artifact
NPH	Neutral Protamine Hagedorn
OIIG	Office of Informatics and Information Governance
SME	Subject Matter Expert
SMBG	Self-Monitoring of Blood Glucose
SNOMED	Systematized Nomenclature of Medicine
TO	Task Order
VA	Department of Veterans Affairs
VACO	VA Central Office
VAMC	VA Medical Center
VISN	Veterans Integrated Service Network
VistA	Veterans Information Systems and Technology Architecture